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1	TO THE HOUSE OF REPRESENTATIVES:	
2	The Committee on Human Services to which was referred House Bill No. 98	
3	entitled "An act relating to reportable disease registries and data" respectfully	
4	reports that it has considered the same and recommends that the bill be	
5	amended by striking out all after the enacting clause and inserting in lieu	
6	thereof the following:	
7	Sec. 1. 18 V.S.A. chapter 4 is amended to read:	
8	CHAPTER 4. CANCER REGISTRY	
9	* * *	
10	§ 153. PARTICIPATION IN PROGRAM	
11	(a) Any health care facility diagnosing or providing treatment to cancer	
12	patients with cancer shall report each case of cancer to the commissioner	
13	Commissioner or his or her authorized representative in a format prescribed by	
14	the commissioner Commissioner within 120 180 days of admission or	
15	diagnosis. If the facility fails to report in a format prescribed by the	
16	commissioner Commissioner, the commissioner's Commissioner's authorized	
17	representative may enter the facility, obtain the information, and report it in the	
18	appropriate format. In these cases, the facility shall reimburse the	

commissioner Commissioner or the authorized representative for the cost of

obtaining and reporting the information.

- (b) Any health care provider diagnosing or providing treatment to cancer patients with cancer shall report each cancer case to the commissioner

 Commissioner or his or her authorized representative within 120 180 days of diagnosis. Those cases diagnosed or treated at a Vermont facility or previously admitted to a Vermont facility for diagnosis or treatment of that instance of cancer are exceptions and do not need to be reported by the health care provider.
 - (c) All health care facilities and health care providers who provide diagnostic or treatment services to patients with cancer shall report to the eommissioner Commissioner any further demographic, diagnostic, or treatment information requested by the eommissioner Commissioner concerning any person now or formerly receiving services, diagnosed as having or having had a malignant tumor. Additionally, the eommissioner Commissioner or his or her authorized representative shall have physical access to all records which that would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer, or medical status of any identified eancer patient with cancer. Willful failure to grant access to such records shall be punishable by a fine of up to \$500.00 for each day access is refused. Any fines collected pursuant to this subsection shall be deposited in the general fund.

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§ 155. DISCLOSURE

- (a) The <u>commissioner Commissioner</u> may enter into agreements to exchange confidential information with other cancer registries in order to obtain complete reports of Vermont residents diagnosed or treated in other states and to provide information to other states regarding their residents diagnosed or treated in Vermont.
- (b) The eommissioner Commissioner may furnish confidential information to the National Breast and Cervical Cancer Early Detection Program, other states' cancer registries, federal cancer control agencies, or health researchers in order to collaborate in a national cancer registry or to collaborate in cancer control and prevention research studies. However, before releasing confidential information, the eommissioner Commissioner shall first obtain from such state registries, agencies, or researchers an agreement in writing to keep the identifying information confidential and privileged. In the case of researchers, the eommissioner Commissioner shall also first obtain evidence of the approval of their academic committee for the protection of human subjects established in accordance with part 46 of Title 45 of the Code of Federal Regulations 45 C.F.R. part 46.

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- 1 Sec. 2. 18 V.S.A. § 1001 is amended to read:
- 2 § 1001. REPORTS TO COMMISSIONER OF HEALTH
- 3 (a) When a physician, health care provider, nurse practitioner, nurse,
- 4 physician assistant, or school health official has reason to believe that a person
- 5 is sick or has died of a diagnosed or suspected disease, identified by the
- 6 Department of Health as a reportable disease and dangerous to the public
- health, or if a laboratory director has evidence of such sickness or disease, he
- 8 or she shall transmit within 24 hours a report thereof and identify the name and
- 9 address of the patient and the name of the patient's physician to the
- 10 Commissioner of Health or designee. In the case of the human
- immunodeficiency virus (HIV), "reason to believe" shall mean personal
- 12 knowledge of a positive HIV test result. The Commissioner, with the approval
- of the Secretary of Human Services, shall by rule establish a list of those
- diseases dangerous to the public health that shall be reportable. Nonmedical
- community-based organizations shall be exempt from this reporting
- requirement. All information collected pursuant to this section and in support
- of investigations and studies undertaken by the commissioner Commissioner
- for the purpose of determining the nature or cause of any disease outbreak shall
- be privileged and confidential. The Health Department of Health shall, by
- 20 rule, require that any person required to report under this section has in place a
- 21 procedure that ensures confidentiality. In addition, in relation to the reporting

1	of HIV and the acquired immune deficiency syndrome (AIDS), the Health	
2	Department shall, by rule:	
3	(1) develop procedures, in collaboration with individuals living with	
4	HIV or AIDS and with representatives of the Vermont AIDS service	
5	organizations, to ensure confidentiality of all information collected pursuant to	
6	this section; and	
7	(2) develop procedures for backing up encrypted, individually	
8	identifying information, including procedures for storage, location, and transfer	
9	of data.	
10	(b)(1) Public health records that relate to HIV or AIDS that contain any	
11	personally identifying information, or any information that may indirectly	
12	identify a person and was developed or acquired by state or local public health	
13	agencies, shall be confidential and shall only be disclosed following notice to	
14	the individual subject of the public health record or the individual's legal	
15	representative and pursuant to a written authorization voluntarily executed by	
16	the individual or the individual's legal representative. Except as provided in	
17	subdivision (2) of this subsection, notice and authorization is required prior to	
18	all disclosures, including disclosures to other states, the federal government,	
19	and other programs, departments, or agencies of state government.	
20	(2) Notwithstanding the provisions of subdivision (1) of this subsection,	
21	disclosure without notification shall be permitted to other states' infectious	

1	disease surveillance programs for the sole purpose of comparing the details of
2	case reports identified as possibly duplicative, provided such Public health
3	records developed or acquired by State or local public health agencies that
4	relate to HIV or AIDS and that contain either personally identifying
5	information or information that may indirectly identify a person shall be
6	confidential and only disclosed following notice to and written authorization
7	from the individual subject of the public health record or the individual's legal
8	representative. Notice otherwise required pursuant to this section shall not be
9	required for disclosures to the federal government; other departments,
10	agencies, or programs of the State; or other states' infectious disease
11	surveillance programs if the disclosure is for the purpose of comparing the
12	details of potentially duplicative case reports, provided the information shall be
13	shared using the least identifying information first so that the individual's
14	name shall be used only as a last resort.
15	(c) A disclosure made pursuant to subsection (b) of this section shall
16	include only the information necessary for the purpose for which the disclosure
17	is made. The disclosure shall be made only on agreement that the information
18	shall remain confidential and shall not be further disclosed without additional
19	notice to the individual and written authorization by the individual subject as
20	required by subsection (b) of this section. [Repealed.]

1	(d) A confidential public health record, including any information obtained
2	pursuant to this section, shall not be:
3	(1) disclosed or discoverable in any civil, criminal, administrative, or
4	other proceeding;
5	(2) used to determine issues relating to employment or insurance for any
6	individual;
7	(3) used for any purpose other than public health surveillance, and
8	epidemiological follow-up.
9	(e) [VDH wants subsection out; Kletecka/Zatz want subsection in; ACLU is
10	open to a hybrid]
11	Any person who:
12	(1) Willfully or maliciously discloses the content of any confidential
13	public health record without written authorization or other than as authorized
14	by law or in violation of subsection (b), (c), or (d) of this section shall be
15	subject to a civil penalty of not less than \$10,000.00 and not more than
16	\$25,000.00, costs and attorney's fees as determined by the court, compensatory
17	and punitive damages, or equitable relief, including restraint of prohibited acts,
18	costs, reasonable attorney's fees, and other appropriate relief.
19	(2) Negligently discloses the content of any confidential public health
20	record without written authorization or other than as authorized by law or in
21	violation of subsection (b), (c), or (d) of this section shall be subject to a civil

1	penalty in an amount not to exceed \$2,500.00 plus court costs, as determined
2	by the court, which penalty and costs shall be paid to the subject of the
3	confidential information.
4	(3) Willfully, maliciously, or negligently discloses the results of an HIV
5	test to a third party in a manner that identifies or provides identifying
6	characteristics of the person to whom the test results apply without written
7	authorization or other than as authorized by law or in violation of subsection
8	(b), (c), or (d) of this section and that results in economic, bodily, or
9	psychological harm to the subject of the test is guilty of a misdemeanor,
10	punishable by imprisonment for a period not to exceed one year or a fine not to
11	exceed \$25,000.00, or both.
12	(4) Commits any act described in subdivision (1), (2), or (3) of this
13	subsection shall be liable to the subject for all actual damages, including
14	damages for any economic, bodily, or psychological harm that is a proximate
15	result of the act. Each disclosure made in violation of this chapter is a separate
16	and actionable offense. Nothing in this section shall limit or expand the right
17	of an injured subject to recover damages under any other applicable law.
18	[Repealed.]
19	[OR potential hybrid:
20	(e) Any person who willfully or maliciously discloses the content of or
21	breaches confidentiality in relation to any confidential public health record

1	other than as authorized by law or in violation of subsection (b) or (d) of this
2	section shall be subject to a civil penalty of not less than \$10,000.00 and not
3	more than \$25,000.00, costs and attorney's fees as determined by the court,
4	compensatory and punitive damages, or equitable relief, including restraint of
5	prohibited acts, costs, reasonable attorney's fees, and other appropriate relief.
6	A person committing an act subject to a civil penalty under this section shall
7	also be liable to the subject for all actual damages, including damages for any
8	economic, bodily, or psychological harm that is a proximate result of the act.]
9	(f) Except as provided in subdivision (a)(2) of this section, the Health
10	Department is prohibited from collecting, processing, or storing any
11	individually identifying information concerning HIV/AIDS on any networked
12	computer or server, or any laptop computer or other portable electronic device.
13	On rare occasion, not as common practice, the Department may accept
14	HIV/AIDS individually identifying information electronically. Once that
15	information is collected, the Department shall, in a timely manner, transfer the
16	information in compliance with this subsection. [Repealed.]
17	(g) Health care providers must, prior to performing an HIV test, inform the
18	individual to be tested that a positive result will require reporting of the result
19	and the individual's name to the Department, and that there are testing sites
20	that provide anonymous testing that are not required to report positive results.

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- The Department shall develop and make widely available a model notification form.
 - (h) Nothing in this section shall affect the ongoing availability of anonymous testing for HIV. Anonymous HIV testing results shall not be required to be reported under this section.
 - (i) No later than November 1, 2007, the Health Department shall conduct an information and security audit in relation to the information collected pursuant to this section, including evaluation of the systems and procedures it developed to implement this section and an examination of the adequacy of penalties for disclosure by state personnel. No later than January 15, 2008, the Department shall report to the Senate Committee on Health and Welfare and the House Committee on Human Services concerning options available, and the costs those options would be expected to entail, for maximizing protection of the information collected pursuant to this section. That report shall also include the Department's recommendations on whether the General Assembly should impose or enhance criminal penalties on health care providers for unauthorized disclosures of medical information. The Department shall solicit input from AIDS service organizations and the community advisory group regarding the success of the Department's security measures and their examination of the adequacy of penalties as they apply to HIV/AIDS and include this input in the report to the Legislature. The Department shall

1	annually evaluate the systems and confidentiality procedures developed to	
2	implement networked and non-networked electronic reporting, including	
3	system breaches and penalties for disclosure to State personnel. The	
4	Department shall provide the results of this evaluation to and solicit input from	
5	the Vermont HIV/AIDS Community Advisory Group.	
6	(j) No later than January 1, 2008, the Department shall plan and commence	
7	a public campaign designed to educate the general public about the value of	
8	obtaining an HIV test. The Department shall collaborate with	
9	community-based organizations to educate the public and health care providers	
10	about the benefits of HIV testing and the use of current testing technologies.	
11	(k) The Commissioner shall maintain a separate database of reports	
12	received pursuant to subsection 1141(i) of this title for the purpose of tracking	
13	the number of tests performed pursuant to subchapter 5 of chapter 21,	
14	subchapter 5 of this title and such other information as the Department of	
15	Health determines to be finds necessary and appropriate. The database shall	
16	not include any information that personally identifies a patient.	
17	Sec. 3. 18 V.S.A. § 1129 is amended to read:	
18	§ 1129. IMMUNIZATION REGISTRY	
19	(a) A health care provider shall report to the department Department all	
20	data regarding immunizations of adults and of children under the age of 18	
21	years of age within seven days of the immunization, provided that required	

1	reporting of immunizations of adults shall commence within one month after	
2	the health care provider has established an electronic health records system and	
3	data interface pursuant to the e-health standards developed by the Vermont	
4	information technology leaders Information Technology Leaders. A health	
5	insurer shall report to the department Department all data regarding	
6	immunizations of adults and of children under the age of 18 years of age at	
7	least quarterly. All data required pursuant to this subsection shall be reported	
8	in a format [VDH] required by the department Department.	
9	(b) The department Department may use the data to create a registry of	
10	immunizations. Registry information shall remain confidential and privileged,	
11	except as provided in subsections (c) and (d) of this section. Registry	
12	information regarding a particular adult shall be provided, upon request, to the	
13	adult, the adult's health care provider, and the adult's health insurer. A minor	
14	child's record also Registry information regarding a particular minor child may	
15	be provided, upon request, to school nurses, or in the absence of a nurse on	
16	staff, administrators as defined in 16 V.S.A. § 1691a, and upon request and	
17	with written parental consent, to licensed day care providers, to document	
18	compliance with Vermont immunization laws. Registry information regarding	
19	a particular child shall be provided, upon request, to the child after the child	
20	reaches the age of majority and to the child's parent, guardian, health insurer,	
21	and health care provider. Registry information shall be kept confidential and	

1	privileged and may be shared only in summary, statistical, or other form in	
2	which particular individuals are not identified.	
3	(c) The Department may exchange confidential registry information with	
4	the immunization registries of other states in order to obtain comprehensive	
5	immunization records [VDH] for Vermont residents.	
6	(d) The Department may provide confidential registry information to health	
7	care provider networks serving Vermont patients and, with the approval of the	
8	Commissioner, to researchers who present evidence of approval from an	
9	institutional review board in accordance with 45 C.F.R. § 164.512.	
10	(e) Prior to releasing confidential information pursuant to subsections (c)	
11	and (d) of this section, the Commissioner shall obtain from state registries,	
12	health care provider networks, and researchers a written agreement to keep any	
13	identifying information confidential and privileged.	
14	(f) [VDH] The Department may update the registry based on other data	
15	sources, including vital records, the Safe at Home program, and other public	
16	health registries, to ensure that records within the registry are accurate.	
17	(g) Registry information may be shared for public health purposes in	
18	summary, statistical, or other form in which particular individuals are not	
19	identified.	
20	Sec. 4. EFFECTIVE DATE	
21	This act shall take effect on July 1, 2015.	

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7	(Committee vote:)	
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9		Representative
10		FOR THE COMMITTEE